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METHYL SALICYLATE: A LETHAL HAZARD IN THE HOME

MORE than twenty years ago in this Journal, Shirreff and Pearlman[1] of Ottawa reported two fatalities from accidental ingestion of methyl salicylate in infants under two years of age. The authors commented on the delay in instituting treatment, owing to lack of appreciation of the lethal potentialities of this drug by the laity, and also pointed out that the medical profession appeared not to realize how dangerous methyl salicylate could be in a household containing small children.

It appears necessary to emphasize once more the serious consequences which often follow the accidental ingestion of methyl salicylate (oil of wintergreen). Although fatalities due to its ingestion are reported from time to time, in adults as well as in the childhood age group, the lay public appears to be blissfully unaware of this potential hazard in the home. As indicated in the case reported in this issue by Millar and Bowman,[2] the medical profession is also at fault in not fully realizing the lethal potentialities of methyl salicylate. It should be pointed out that as little as 4 ml. may prove fatal to a toddler,[3] and there are cases of fatalities following local application of this agent.[4]

There seems little excuse for the presence of a bottle containing oil of wintergreen on the shelf of any home with small children. The pleasant aroma associated with this drug makes it a tempting morsel for the child who may compare it with wintergreen-flavoured candy. The quarterly report of the Alberta Poison Control Committee[5] records a fatality in a male infant whose 10-year-old brother flavoured the contents of the infant's feeding bottle with oil of wintergreen. Jacobziner and Raybin[6] report the death of a seven-month-old male infant in New York City whose two-year-old sibling gave one ounce of oil of wintergreen to the baby. Although gastric lavage was performed within 30 minutes, the infant died three hours after the ingestion of this deadly poison. The authors comment: "The many incidents of methyl salicylate poisoning both fatal and non-fatal reported to the Center emphasize the fact that this product has no place in the home, particularly where children are part of the household. Physicians must alert parents to the need for discarding the product from medicine cabinets."

The case reported in this issue survived only because of heroic measures taken upon admission to the hospital.

There is a clear responsibility for every doctor to make sure that oil of wintergreen forms no part of the contents of any drug cabinet or bedside table in any home in which children are present even as occasional visitors. In fact, one is tempted to go a step further and suggest the restriction of methyl salicylate to hospital and nursery home dispensaries. A drug which is no longer considered a particularly valuable therapeutic agent and which carries within it such lethal potentialities should not be available for "over the counter" sale even if it is marked "for external use only". It is probably not generally realized how much oil of wintergreen is actually sold in Canada. It is our information that in Manitoba in 1960, 125 gallons were sold by one of the main drug wholesale outlets. Although the cases of accidental poisoning with methyl salicylate is much less in number than those due to accidental ingestion of acetylsalicylic acid, the ratio of mortality to morbidity is extremely high. The mortality rate in methyl salicylate poisoning has been estimated at roughly 50 to 60% in various reviews of reported cases. In the course of giving anticipatory counselling to parents of infants and children under his care, the physician would do well to draw attention to this serious household hazard.

H.M.

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MEDICAL SERVICES IN AUSTRALIA

THE interest of the Canadian Medical Association in the Australian system of medical services insurance has been active for several years and we have listened with close attention to its author and originator, Sir Earle Page. Our attention was further attracted when we read the words of Dr. John Hunter, Secretary of the Federal Council of the B.M.A. in Australia, who described it as contributing to "the Golden Age of Medicine in Australia". We were aware that Australia had achieved a nice balance between governmental and voluntary effort and responsibility in the pro-

vision of medical care to its citizens and we felt that we might profit by that experience. A knowledge of the background and tradition of health services is, however, essential for a correct appraisal of its merits and shortcomings, particularly if the transplantation of methods and practices is being considered. The limitations of the written and spoken word become apparent under such conditions and an on-the-spot appraisal to sense the climate of opinion becomes desirable, if not essential.

The Executive Committee of the Canadian Medical Association was therefore receptive to a proposal from the British Columbia Division that a team of observers be sent to the Antipodes to survey the scene in the light of their knowledge of developments in Canada. The occurrence of the biennial meeting of the British Commonwealth Medical Conference and the 129th Annual Meeting of the British Medical Association in Auckland, New Zealand, provided the opportunity to send a delegate to that part of the world, and Dr. T. J. Quintin of Sherbrooke, Quebec, Executive Committee member from the Quebec Division, was chosen to represent the C.M.A. and to lead the party of observers of medical services insurance in Australia. In the latter portion of his trip he was joined by Mr. B. E. Freamo, Secretary, Medical Economics, and by Dr. E. C. McCoy and Dr. Peter Banks, representing the British Columbia Division.

The report which appears on page 965 of this issue is a composite summary of the facts and impressions gained by our representatives in their four-week study of medical services in Australia and it is their hope that Canadian doctors will find it interesting and helpful.

This account would be incomplete without an expression of gratitude to our Australian colleagues for the kindness and hospitality extended to the visiting Canadians. Dr. Hunter's arrangement for their travel and their contacts was a masterpiece of staff work and the Canadian Medical Association extends its thanks to our Commonwealth counterparts for opening the doors and opening their minds and hearts to our observers. A.D.K.

THE MARKLE FOUNDATION

THE RECENT announcement of the selection of Markle Scholars in Medical Science who will begin their five-year scholarship tenure in 1961 draws attention once again to the generosity with which the Markle Foundation has been contributing to the cause of medical education in Canada for more than a decade.

The John and Mary R. Markle Foundation was chartered in 1927 "to promote the advancement and diffusion of knowledge . . . and the general good of mankind". The founder, John Markle, who followed in his father's footsteps as a successful anthracite coal operator, was born in Hazleton, Pennsylvania, in 1858. The Foundation was established with an initial endowment of three million dollars which was later increased under the terms of Mr. Markle's will to nearly fifteen million dollars. Upon his death in 1933 and for a short time thereafter the Foundation grants were largely directed to projects in the field of social welfare; from 1935 to 1947 the emphasis was on grants for medical research; since 1947 the Foundation's major grants program has concerned its awards for Scholars in Medical Science. The purpose of this program is to help to relieve the faculty shortage in medical schools by providing academic security and financial assistance to young teachers of the medical sciences, early in their careers.

To date, 306 teachers and investigators in 78 medical schools have been assisted by this program through appropriations of over nine million dollars. Thirty-four of these Markle Scholars have been members of the faculties of Canadian medical schools. Appropriations for the period beginning in July 1961, amounting to $750,000, have been granted to 25 medical schools, each of which will receive $30,000 at the rate of $6000 annually for the next five years, towards the support of its Markle Scholar in Medical Science.

Five of these scholarships, one-fifth of the current awards, have been granted to Canadian medical schools. Dr. André Barbeau will be supported in his work in neurology at the University of Montreal, Dr. Allan M. Lansing in surgery at the University of Western Ontario, Dr. Charles R. Scriver in pediatrics at McGill University, Dr. Ronald R. Tasker in neurosurgery at the University of Toronto, and Dr. William E. Shepherd in pathology at the University of British Columbia. Last year, in addition to its scholarship award, the Markle Foundation provided a grant of $40,000 to the Faculty of Medicine of the University of British Columbia to aid in the planning of a university hospital.

In his latest annual report, John M. Russell, president of the Markle Foundation, observed that steadily increasing grants by the United States Government in recent years have inevitably drawn medical education into the realm of politics in that country. While the wisdom of such a course has been vigorously debated, Mr. Russell noted that "in typical American fashion" medical schools have been backing into federal aid, slowly at first but more rapidly of late, to the extent that in 1957-58, the last year for which figures are available, one-quarter of the total medical school budgets, exclusive of hospital costs, came from federal sources. For the first time, after years of struggling for funds, medical schools in the United States are actually being invited to apply for grants and are experiencing the previously undreamed of novelty of money easy to come by. In this atmosphere of prosperity Mr. Russell sounded a note of warning that such easy money carries with it the inherent danger that pressure may be exerted by well-